OAKWOOD VILLA

2512 NEW P	INE DRIVE
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ALTOONA 54720 Phone: (715)	833-0400	Ownership:	Corporation
Operated from 1/1 To 12/31 Days of Operated	eration: 365	Highest Level License:	Skilled
Operate in Conjunction with Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds Set Up and Staffed (12/31	/03): 96	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12/31/03):	96	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/03:	94	Average Daily Census:	93

Services Provided to Non-Residents		Age, Gender, and Primary Di	agnosis	of Residents (12/31/03)	Length of Stay (12/31/03)	%
Home Health Care Supp. Home Care-Personal Care	No No	Primary Diagnosis		Age Groups	용		17.0 45.7
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	5.3	More Than 4 Years	11.7
Day Services Respite Care	No No	Mental Illness (Org./Psy) Mental Illness (Other)		65 - 74 75 - 84	13.8 31.9		74.5
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	36.2	********	*****
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic		95 & Over		Full-Time Equivalent	
Congregate Meals	No	Cancer	0.0	'		Nursing Staff per 100 Res	idents
Home Delivered Meals	No	Fractures	3.2	'		(12/31/03)	
Other Meals	No	Cardiovascular		65 & Over			
Transportation	No	Cerebrovascular	12.8			RNs	10.8
Referral Service	No	Diabetes	1.1	Gender	용	LPNs	7.2
Other Services	No	Respiratory	13.8			Nursing Assistants,	
Provide Day Programming for		Other Medical Conditions	47.9	Male	20.2	Aides, & Orderlies	34.7
Mentally Ill	No			Female	79.8		
Provide Day Programming for			100.0				
Developmentally Disabled	No				100.0	1	
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Method of Reimbursement

		edicare			Medicaid 'itle 19			Other		:	Private Pay			amily Care			Managed Care			
Level of Care	No.	90	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	olo Olo	Per Diem (\$)	No.	οlo	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	Of
Int. Skilled Care	0	0.0	0	2	4.2	129	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	2	2.1
Skilled Care	17	100.0	321	46	95.8	112	1	100.0	142	22	95.7	142	0	0.0	0	5	100.0	230	91	96.8
Intermediate				0	0.0	0	0	0.0	0	1	4.3	142	0	0.0	0	0	0.0	0	1	1.1
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depender	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	17	100.0		48	100.0		1	100.0		23	100.0		0	0.0		5	100.0		94	100.0

Admissions, Discharges, and	I	Percent Distribution	n of Residents'	Condit	ions, Services, an	d Activities as of 1	.2/31/03
Deaths During Reporting Period					% Needing		Total
Percent Admissions from:		Activities of	용		sistance of	% Totally	
Private Home/No Home Health	6.1	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	0.0	Bathing	0.0		68.1	31.9	94
Other Nursing Homes	0.0	Dressing	1.1		75.5	23.4	94
Acute Care Hospitals	92.4	Transferring	11.7		67.0	21.3	94
Psych. HospMR/DD Facilities	0.0	Toilet Use	9.6		55.3	35.1	94
Rehabilitation Hospitals	0.0	Eating	28.7		60.6	10.6	94
Other Locations	1.5	*****	******	*****	*****	******	******
Total Number of Admissions	198	Continence		용	Special Treatmen	ts	8
Percent Discharges To:	1	Indwelling Or Extern	nal Catheter	12.8	Receiving Resp	iratory Care	9.6
Private Home/No Home Health	58.7 I	Occ/Freq. Incontine	nt of Bladder	63.8	Receiving Trac	heostomy Care	1.1
Private Home/With Home Health	0.0	Occ/Freq. Incontine	nt of Bowel	26.6	Receiving Suct	ioning	0.0
Other Nursing Homes	3.6	-			Receiving Osto	my Care	6.4
Acute Care Hospitals	14.3	Mobility			Receiving Tube	Feeding	4.3
Psych. HospMR/DD Facilities	0.0	Physically Restrain	ed	10.6	Receiving Mech	anically Altered Die	ets 5.3
Rehabilitation Hospitals	0.0 [3	-	
-	2.6 i	Skin Care			Other Resident C	haracteristics	
Deaths	20.9 i	With Pressure Sores		8.5	Have Advance D	irectives	25.5
Total Number of Discharges	i	With Rashes		3.2	Medications		
(Including Deaths)	196 i				Receiving Psyc	hoactive Drugs	57.4

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

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		Owne	ership:	Bed	Size:	Lic	ensure:		
	This	Pro	prietary	50	-99	Ski	lled	Al	1
	Facility	Peer	Group	Peer	Group	Peer	Group	Faci	lities
	%	૪	Ratio	%	Ratio	%	Ratio	8	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	96.9	86.2	1.12	87.1	1.11	88.1	1.10	87.4	1.11
Current Residents from In-County	88.3	78.5	1.13	81.0	1.09	82.1	1.08	76.7	1.15
Admissions from In-County, Still Residing	18.7	17.5	1.07	19.8	0.95	20.1	0.93	19.6	0.95
Admissions/Average Daily Census	212.9	195.4	1.09	158.0	1.35	155.7	1.37	141.3	1.51
Discharges/Average Daily Census	210.8	193.0	1.09	157.4	1.34	155.1	1.36	142.5	1.48
Discharges To Private Residence/Average Daily Census	123.7	87.0	1.42	74.2	1.67	68.7	1.80	61.6	2.01
Residents Receiving Skilled Care	98.9	94.4	1.05	94.6	1.05	94.0	1.05	88.1	1.12
Residents Aged 65 and Older	94.7	92.3	1.03	94.7	1.00	92.0	1.03	87.8	1.08
Title 19 (Medicaid) Funded Residents	51.1	60.6	0.84	57.2	0.89	61.7	0.83	65.9	0.77
Private Pay Funded Residents	24.5	20.9	1.17	28.5	0.86	23.7	1.03	21.0	1.17
Developmentally Disabled Residents	0.0	0.8	0.00	1.3	0.00	1.1	0.00	6.5	0.00
Mentally Ill Residents	4.3	28.7	0.15	33.8	0.13	35.8	0.12	33.6	0.13
General Medical Service Residents	47.9	24.5	1.96	21.6	2.22	23.1	2.07	20.6	2.33
Impaired ADL (Mean)	57.4	49.1	1.17	48.5	1.18	49.5	1.16	49.4	1.16
Psychological Problems	57.4	54.2	1.06	57.1	1.01	58.2	0.99	57.4	1.00
Nursing Care Required (Mean)	4.8	6.8	0.71	6.7	0.71	6.9	0.69	7.3	0.65